

Missouri Division of Health - Standard Certificate of Death

63-001204

VS 300
Rev. 4/59

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2 0050
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE MISSOURI
b. COUNTY BERRY
c. CITY OR TOWN CASSVILLE
d. STREET ADDRESS (If outside, give location) RAINBOW DRIVE

3. NAME OF DECEASED
First Middle Last
FRANK HIRAM SHELTON

4. DATE OF DEATH
Month Day Year
FEB. 1 1963

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/4/92
9. AGE (last birthday) 70
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AUTO REPAIR SHOP OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MARYSVILLE, MO. U.S.A.
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME JOHN SHELTON
13b. MOTHER'S MAIDEN NAME MARY E. RODGERS
14. NAME OF HUSBAND OR WIFE RUTH E. SHELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES
16. SOCIAL SECURITY NO. W.W. # 1
17. INFORMANT RUTH E. SHELTON
Address CASSVILLE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hyper-pyrexia of unknown cause
DUE TO (b) With arterio-sclerotic heart disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION CASSVILLE
COUNTY BERRY STATE MISSOURI

21. I attended the deceased from 1-9-63 to 2-1-63 and last saw him alive on 2-1-63
Death occurred at 12:03 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cecil H. Hunter (Degree or title)
22b. ADDRESS 600 S. Glen Ave, Springfield, Mo.
22c. DATE SIGNED 2-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2/5/63
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) KANSAS CITY, MO. (State)

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME
ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 2-6-63
26. REGISTRAR'S SIGNATURE Effie E. Mearns

Cecil Hunter

1963 FEB 21

FEB 14 1963

JAN 26 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signéc

Licensed Embalmer No. 4815

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.